

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

## DOCKET

NUMBER: 2011-448-T

If this is your first time filing an application with the PSC, you will not  
have a Docket Number. The Commission will assign one to you. If you  
have filed with the Commission before, a Docket Number was assigned  
and should be entered above.

(Please type or print)

Submitted by: TRANSPORT CARE SERVICES

Telephone: 803-661-9662

Address: 652 BUSH RIVER ROAD

Fax: 877-661-9669

Suite 211

Other:

COLUMBIA, SOUTH CAROLINA 29210

Email:

CPLand at TRANSPORT CARE SERVICES.COM

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application – Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application – Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application – Class E Household Goods  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application – Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Response                                      |
| <input checked="" type="checkbox"/> Request for Reinstatement <u>stretch CLASS C VAN</u>  | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Name Change on Certificate   | <input type="checkbox"/> Other: _____                                  |

## CLASS C REINSTATEMENT FORM

## File the original with:

Public Service Commission of South Carolina  
 Clerk's Office  
 Motor Carrier Matters  
 P.O. Box 11649  
 Columbia, S.C. 29211  
 (803) 896 - 5100  
 FAX (803) 896-5199

## Mail or fax a copy to:

S.C. Office of Regulatory Staff  
 Transportation Department  
 1401 Main Street, Suite 900  
 Columbia, S.C. 29201  
 (803) 737-0578  
 FAX (803) 737-0815

DATE: 6-25-13

Please consider this an application for Reinstatement of my:

- ☐ Taxi Certificate Number \_\_\_\_\_
- ☐ Charter Certificate Number \_\_\_\_\_
- ☐ Charter Bus Certificate Number \_\_\_\_\_
- ☒ Non-Emergency Certificate Number Stretchers VAW PCS/ORS Certificate # 8564

My certificate was revoked/cancelled on June 5, 2013 because Failure To pay decal fees  
(DATE)  
oversite transition were made between Compliance training.

I am seeking reinstatement because Due to oversite payment would  
like to reinstate my certificate for class C stretchers VAW.  
PCS/ORS Certificate No. 8564. Will pay all fees once reinstatement.  
TRANSPORT CARE SERVICES DBA \_\_\_\_\_  
(Name of Company) (if applicable)

652 Bush Lake Road Suite 211  
(Street Address)

Columbia South Carolina 29210  
(City, State, Zip Code)

803-661-9662  
(Telephone Number)

\_\_\_\_\_  
(Mailing Address if different from Street Address)

Christopher J. Smith  
(Signature)

President  
(Title) Owner, President, etc.